

LSTA Travel (Speaker) Reimbursement

Library Name (Conference Name): _____

Project # (Speaker Name): _____

Employee Name (Organization): _____

Date	Purpose	Beginning Destination	Ending Destination	Miles Traveled	Airfare	(Honorarium)	Meals	Lodging	Miscellaneous

Total Miles

Mileage Rate x .375

Mileage Total _____

Airfare Total _____

(Honorarium Total) _____

Meals Total _____

Lodging Total _____

Misc. Total _____

Total Reimbursement Request _____

Receipts Required for Airfare, Meals and Lodging.

(Speaker Name): _____

Signature: _____

(Social Security #): _____

Date: _____



**Library of
Michigan**

Dept. of History, Arts and Libraries

LSTA Team

702 West Kalamazoo Street

PO Box 30007

Lansing, MI 48909-7507

(Transfer to LSTA Reimbursement Request/Invoice Summary form)